

**CONSUMER
CREDIT
COUNSELING
SERVICE**
*of the Sacramento Valley*8795 Folsom Blvd., Ste 250
Sacramento, CA 95826916-379-3600
Fax: 916-379-0626

Re: Client #

Spouse:

Account Number
Social Security #
Referral Code DMP/FDA Client ReviewBalance Owed
Proposed Payment
Start Date
Net Income:
Living Expenses
Housing Expenses
People in HouseholdEmployer None was specified
Primary Reason for Plan: Change in Employment**PROPOSED DEBT LIQUIDATION PLAN**

CREDITOR TYPE OR NAME	BUDGET PAYMENT	BALANCE OWED
BANK CARDS (VISA & M/C)		
COLLECTION AGENCIES		
VISA		
RETAILERS		
PROGRAM ADMINISTRATION FEE		
TOTALS		

MONTHLY BUDGET INFORMATION

CATEGORY DESCRIPTION	AMOUNT
HOUSING	
HOUSEHOLD	
TRANSPORTATION	
CONTRACTUAL LOANS	
CHILDCARE	
MEDICAL/LIFE INSURANCE	
TAXES	
SAVINGS	
OTHER	
Monthly Total	

OUR RECORDS INDICATE THAT YOU CONTRIBUTE YOUR FAIRSHARE PERCENTAGE. THANK YOU.

We consent to the Debt Liquidation Proposal as stated above: Yes No

If not then please explain _____

We will stop finance and service charges: Yes No If not then what is the APR rate? _____

Balance: _____ Account Number: _____ Last Payment Date: _____